

Accident/Incident Report Form

If you have had an accident or been involved with an incident, please complete the following:

1. Notify your direct supervisor immediately, even if it does not seem serious at the time
2. Notify HR if accident involved a vehicle or a staff member was injured
3. Report all injuries within 24 hours of incident/accident to supervisor and HR
4. Complete Accident/Incident Report Form as soon as possible
5. Email completed Form to direct supervisor, HR, and any other staff that should be notified (i.e., Shawn, Karen, Dagny, Kayla)

Employee's Name: _____

Check off the following (as applicable):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Incident | | |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Client | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other Visitor |
| <input type="checkbox"/> 17 th Avenue | <input type="checkbox"/> 300 Harvey West | <input type="checkbox"/> 12 Carr Street | <input type="checkbox"/> Off-site |

Title/Program _____

Supervisor's Name _____

Date & Time of Accident/Incident: _____

Location of Accident/Incident, if off-site: _____

Were police contacted as a result? Yes No

If so, which department was contacted: _____

Was a report filed (provide case/file number): _____

Name of Witnesses (use initials if participants are involved; Provide full names and phone numbers of all other witnesses):

Description of incident/accident. Include who, what, when and where. (Only use initials on this form for participants and complete identifying information on a separate form):

Identify health, safety, confidentiality, or other issues to be discussed at a staff or committee meeting:

What actions were taken (if any) towards the individual(s) involved? (i.e., suspension, behavioral contract, procedural training etc.)

What (if anything) could be done to prevent incidents like this in the future?

Signature _____

Incident Date: _____

Report Date: _____